



REPORT OF INVESTIGATION

Medical Examiner District 8
606 SW 3rd Avenue, Gainesville, FL 32601
Phone: 352-273-9292 Fax 352-273-9288



Case Number **ME14-0562**

Decedent: **Banks, Chadwick**

Address: **Florida State Prison 7819 NW 228th Street Raiford, FL 32026**

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

Male Black 06 15 1971 43
Gender Race DOB mm / dd / yyyy Actual Age Est Age Marital Status

Occupation: Kind of Business or Industry

Was originally Not-ME Case #:

Issued Cremation Case #:

SCENE RESPONSE

Scene Investigator Scene Arrival Date Time Scene Doctor Scene Arrival Date Time Scene Response

Wound Locations: ☐ Abdomen ☐ ArmR(Low) ☐ Buttox ☐ Feet ☐ Hip ☐ LegR(Low) ☐ ThighL
(all that apply) ☐ ArmL(Low) ☐ ArmR(Up) ☐ Chest ☐ Hands ☐ LegL(Low) ☐ LegR(Up) ☐ ThighR
☐ ArmL(Up) ☐ Back ☐ Face ☐ Head ☐ LegL(Up) ☐ Neck
Wound Type Characteristics Wound Shape

☐ Meds Collected:
☐ Yes ☒ No

MV Occupant Airbag Available ☐ No ☐ Yes Airbag Deployed ☐ No ☐ Yes

Seat Belt Use Vehicle Type

Gun Type Caliber Instrument Drug Use

Medical History Primary Dr. Name / Phone Treated at:

History of: ☐ Alcoholism ☐ Cancer ☐ Diabetes ☐ Drug Abuse ☐ Fractures ☐ Heart Disease ☐ Seizure ☐ Other

INFORMATION ABOUT OCCURRENCE

Initial Synopsis Reason for Assuming Jurisdiction: **Homicide**

The decedent was a prisoner of the state at Florida State Prison where he was put to death in accordance with Florida State Law.

ITEM	DATE	and TIME	LOCATION	COUNTY WHERE INJURY OCCURRED	Bradford	TYPE OF PREMISES	Correctional Inst.
Injury or Onset	11/13/2014	1850	Florida State Prison, 7819 NW 228th Street, Raiford, Florida 32026				Other:
	11/13/2014	1927					

Witness to Injury, Illness or Death

Address

Last Seen Alive by:

DATE and TIME 11/13/2014 1920 Name & Address

Found/Pronounced Dead By

DATE and TIME 11/13/2014 1927 Name / Address

Date of Death

DATE and TIME 11/13/2014 1927 Location Florida State Prison, 7819 NW 228th Street, Raiford, Florida 32026

County of Death Bradford In City Limits ☐ Yes ☒ No On the Job ☐ Yes ☒ No Billing: Bradford FSP

Police Notified by:

DATE and TIME 11/13/2014 1927 Name Present at time of death Phone Not Applicable

M.E. Notified by:

DATE and TIME 11/13/2014 2020 Name / Title Assistant Warden Jeffrey McClellan

Agency Florida State Prison Name Assistant Warden Jeffrey McClellan LE Case# Not Applicable

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REPORT OF INVESTIGATION **Banks, Chadwick**

ME14-0562

PROCESSING

Melissa Scott		Jonathan Klotton		William F. Hamilton, MD.		11/14/2014		0800		<input type="radio"/>	
Lead Investigator		Processing Tech.		Processing Pathologist		Date Viewed		Time		Body NOT Viewed	
Medical Examiners Office		Alachua		71		184		Cold		Blood <input type="radio"/> Yes <input checked="" type="radio"/> No	
										<input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Clothing	
Location where body was viewed:		County		Height		Weight		Temp		Hair Head Hair Face	
										black, close cropped 1 mm stubble	
3		3		3		Brown		4		4	
Rigor Neck/Arms/Legs		Eye Color		Pupils LT / RT		Froth		Livor		Decomp	
										Clothed?	
Processing Checklist:		Blood Drawn		<input checked="" type="radio"/> Yes <input type="radio"/> No		Reason NOT Drawn:					

Actual Fluids / Blood Drawn:

2 gt & 2 rt (femoral), 2 urine, 1 vitreous. JK did case. Incisions on arms sewn up by JK

<input type="checkbox"/> Consult Brain	<input type="checkbox"/> DEXIS	<input type="checkbox"/> Donor Organs	<input type="checkbox"/> Fixed Brain	<input checked="" type="checkbox"/> Tox Run
<input type="checkbox"/> Consult Eye	<input checked="" type="checkbox"/> DNA Card	<input type="checkbox"/> Donor Tissues	<input type="checkbox"/> Fixed Heart	<input type="checkbox"/> Tox Store Heart
<input type="checkbox"/> Consult Heart	<input type="checkbox"/> Donor EyeBank	<input type="checkbox"/> Donor Tissues Other	<input type="checkbox"/> Histo Submitted	<input checked="" type="checkbox"/> Tox Store Serum
<input type="checkbox"/> Cultures Submitted	<input type="checkbox"/> Donor EyeBank Other	<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Rape Kit	<input type="checkbox"/> X-Ray

Tox Hold: ☐

NARRATIVE

According to Assistant Warden Jeffrey McClellan with the Florida State Prison, the decedent was a prisoner of the state at Florida State Prison. He was put to death by lethal injection in accordance with Florida state law on 11/13/2014. The lethal injection chemical contains midazolam hydrochloride, vecuronium bromide, potassium chloride, and saline solution. The decedent was incarcerated for two counts of aggravated assault with a weapon with no intent to kill, two counts of premeditated first degree murder, and 1 count of sexual battery by an adult to a victim under the age of 12.

According to the decedent's spiritual advisor, Khaled Mohammed, the decedent had deeply held Islamic beliefs that require that there be no autopsy performed on his body after death. This request was honored.

Lead Investigator

Melissa Scott

Signature

Melina Scott

Date 11/13/2014

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REPORT OF INVESTIGATION

Medical Examiner District 8
606 SW 3rd Avenue, Gainesville, FL 32601
Phone: 352-273-9292 Fax 352-273-9288



Case Number **ME14-0562**

Banks, Chadwick

Black

Male

DOD: 11/13/2014

CAUSE AND MANNER

☐ Autopsy ☒ External Exam ☐ Investigation Only

PROBABLE CAUSE OF DEATH:

Injection of lethal toxins

Due to:

Due to:

Part II

How Injury Occurred: Decedent put to death at Florida State Prison

MANNER:

☐ Natural ☐ Acc Drug Intoxication ☐ Acc All Other ☒ Homicide ☐ Pending
☐ Acc MVA ☐ Acc Fall ☐ Suicide ☐ Undetermined ☐ Fetal Death

I hereby certify that after receiving notice of the death described herein, I took charge of the body and made inquiries regarding the cause of death in accordance with Chapter 406, Florida Statutes, and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

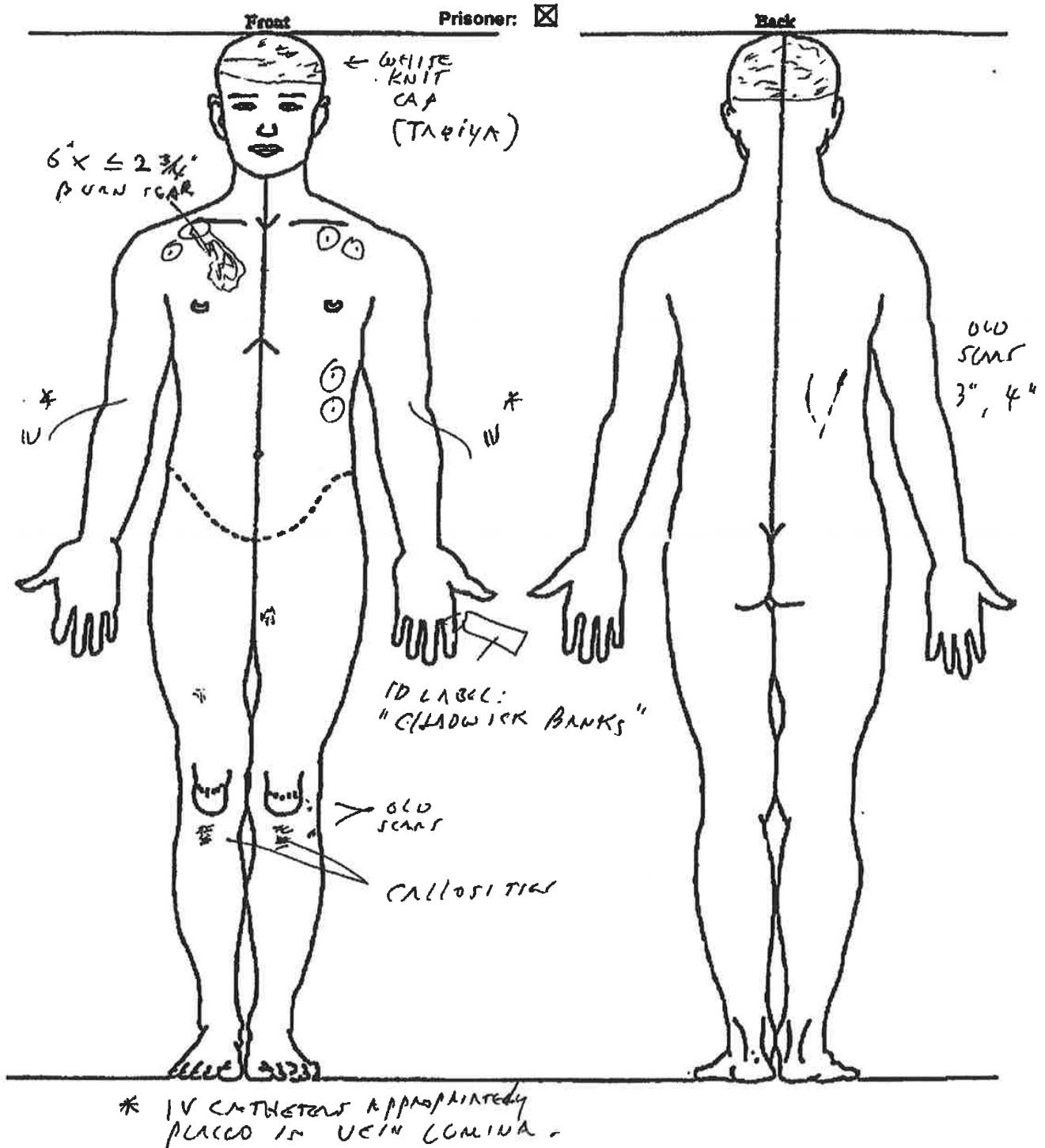
William F. Hamilton, MD.

Certifying Pathologist

Signed: *William F. Hamilton*

Date Signed: 12/29/2014

5/29/2018-P-000332



Wm J Hamilton MD Date Body Viewed: 14 Nov 2014 Time: 0940
Processing Worksheets, District 8 Medical Examiner, Gainesville, FL

Date Printed: 11/13/2014, 10:40:22 PM, Page: 2

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University of Florida Pathology Laboratories
Department of Pathology and Laboratory Medicine
4800 SW 35th Drive
Gainesville, FL 32608
Phone: 352-265-9900 Fax: 352-265-9904

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LAB NUMBER: R14-02237
NAME: Banks, Chadwick
CASE NO: 14-562
RECEIPT DATE: 11/14/2014

Forensic Toxicology Laboratory

SUBMITTER: Dr. William Hamilton, District 8 Medical Examiners Office, 606 SW 3rd Avenue, Gainesville, FL 32601.

SPECIMENS RECEIVED:

- A. Blood, femoral
- B. Urine
- C. Vitreous Humor
- D. Stomach Contents
- E. Serum

	<u>Analyte</u>	<u>Qualitative Results</u>	<u>Quantitative Results</u>
VOLATILES			
A. Blood	None Detected		
B. Urine	None Detected		
COMPREHENSIVE DRUG SCREEN			
A. Blood	Midazolam	Positive	
B. Urine	Midazolam	Positive	
DRUG IDENTIFICATION/QUANTITATION			
A. Blood	Midazolam	See Attached - 2 pages	

RESULT CERTIFICATION:

Results Certified by:


Bruce A. Goldberger, Ph.D., DABFT
Director of Toxicology & Professor

R1402237 - 01/ BG
PRINTED: 12/26/14

12/26/14 [0001, 1278]

Reviewed
12-30-2014
WJ

5/29/2018-P-000334



NMS Labs
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e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCO-TC, Laboratory Director

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Toxicology Report

Report issued 12/18/2014 11:03

To: 60168
University of Florida Pathology Laboratories
4800 SW 35th Drive
Gainesville, FL 32608

Patient Name BANKS, CHADWICK
Patient ID R14-02237
Chain 11843719
Age 43 Y **DOB** Not Given
Gender Male
Workorder 14320232
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Positive Findings:

Lab 12-22-14

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Midazolam	1900	ng/mL	001 - Femoral Blood

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
3057B	Midazolam, Blood

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Red Vial	2.75 mL	Not Given	Femoral Blood	

All sample volumes/weights are approximations.
Specimens received on 12/12/2014.

v.14

5/29/2018-P-000335



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Workorder 14320232
Chain 11843719
Patient ID R14-02237

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Midazolam	1900	ng/mL	50	001 - Femoral Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Midazolam (Versed®) - Femoral Blood:

Midazolam is a short acting benzodiazepine (a DEA Schedule IV controlled compound) with strong central nervous system depressant/hypnotic properties. It is usually utilized for preoperative sedation, as a sedative hypnotic, and as an agent for the induction of anesthesia. It has significant abuse potential. Effects noted following use may include sedation, somnolence (drowsiness or sleepiness), visual disturbances (diplopia or double vision), dysarthria (slurred speech), ataxia (shaky movements and unsteady gait), and intellectual impairment and coma may result.

Oral doses of 10 mg given to 20 subjects produced average peak plasma concentrations (at 1 hr. post dose) for midazolam of 69 ng/mL in males and 53 ng/mL in females. As a preoperative medication, intramuscular injection of midazolam at 0.13 mg/Kg body weight (9.1 mg/70 Kg body weight) produced peak plasma concentrations of 68 ng/mL.

At high concentrations, confusion, impaired coordination, diminished reflexes, respiratory depression, apnea, hypotension and coma may result.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acocde 3057B - Midazolam, Blood - Femoral Blood

-Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Midazolam	50 ng/mL		

v.14

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